

STATE OF IDAHO DEPARTMENT OF FINANCE Consumer Finance Bureau 800 Park Blvd., Ste 200 Boise, ID 83712 P.O. Box 83720 Boise, ID 83720-0031

BOND#		
Effective	date	

SURETY BOND FOR PERMITTEE UNDER THE IDAHO COLLECTION AGENCY ACT Pursuant to Idaho Code § 26-2232(b)

(\$2,000.00 minimum)

	sipal herein, desires to engage in business as a permittee under the Act), under the name shown above, and as such is required purs	
§ 26-2232(b) of the Act to execute this bond to the State of I		uant u
NOW, THEREFOR, said Principal andunder the laws of the state ofand firmly bound unto the State of Idaho, for the second and each of our heirs, assigns, executors and administration this surety bond is:	and authorized to do business in Idaho as a surety, a corporation duly incorporation and authorized to do business in Idaho as a surety, a ne use and benefit of whom it may concern, in the set of States of America, for the payment of which we hereby bind out tors, jointly and severally, firmly by these presents. The effective	porated re held um of rselves date of
under the Idaho Collection Agency Act, conduct administra Act, the Surety shall be liable under this bond to indemni incurred as a result thereof, up to the limit of this bond. Th	Finance shall find it necessary to investigate the activities of the Prative proceedings or institute prosecutions against the Principal unify the Department of Finance, State of Idaho, for any and all exists bond and the obligation of the Surety thereunder shall be continuly with the period that the Principal is or was a permittee or licensed icense.	der the kpenses uous in
bond to the Principal and to the Director of the Idaho Depar	nall provide thirty (30) days' prior written notice of the cancellation tment of Finance. Such notice shall be by registered or certified maits main office, and to the Director of the Idaho Department of Fin	ail with
In no event shall the liability of the Surety under this bond at	nd all claims against the bond exceed the face amount of this bond.	
	(PRINCIPAL)	
	(SIGNATURE OF OFFICER OF THE PRINCIPAL)	OATE
	(NAME OF SURETY COMPANY)	
	(SIGNATURE OF OFFICER OF SURETY COMPANY) D	ATE
	(TITLE OF OFFICER OF SURETY COMPANY)	
	(NAME, TITLE AND TELEPHONE NUMBER OF CONTACT	

FOR SURETY)